

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

BUSINESS APPLICATION:

Change in PIC
Form BA-50

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.

Section A must be completed by the outgoing PIC and submitted within five days of his/her last day, along with the Kansas Board of Pharmacy facility registration. Keep a copy of the registration on display until you receive a new registration. If there is no incoming PIC, retain a copy of this form (with Section A completed) to be re-submitted when the incoming PIC is selected. If an outgoing PIC is terminated for cause, another pharmacist may complete the outgoing inventory upon direction of the owner.

Section B must be completed by the incoming PIC and submitted within 30 days of the outgoing PIC's last day, along with payment.

Section C should be completed by the owner or authorized agent and submitted within 30 days of the outgoing PIC's last day, if a PIC is not selected within the allotted time. Retain a copy of this form (with Sections A and C completed) to be re-submitted when the incoming PIC is selected.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$112.00 for a pharmacy when **Section B** is completed. If facility is not a pharmacy, please pay the original fee for your license type. Fees are nonrefundable.

BUSINESS INFORMATION

Name	Kansas Registration Number
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A. OUTGOING PIC INFORMATION (serves as resignation notice)

Name	License Number
Last Day	Will you remain on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that pursuant to K.A.R. 68-2-5 I am required to submit this notification to the Board within five days of ceasing to serve as the pharmacist-in-charge and that pursuant to K.A.R. 68-7-12(e) I am responsible for conducting an inventory of all controlled substances before leaving the PIC position.

SIGNATURE

DATE SIGNED

B. INCOMING PIC INFORMATION

Name	License Number
First Day	Email Address

☐ Yes ☐ No **Have you ever been a PIC in Kansas before?**

If yes, Pharmacy Name: _____ Pharmacy Registration # : _____

I understand that pursuant to K.A.R. 68-7-12(f) I am responsible for conducting an inventory of all controlled substances within 72 hours of beginning to function as the pharmacist-in-charge.

SIGNATURE

DATE SIGNED

C. WAIVER REQUEST

I request 30 additional days in which to find a pharmacist-in-charge.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE SIGNED

PRINTED NAME

EMAIL

Initials: _____

OFFICEUSE ONLY

Permit #: _____ Fee: \$ _____ Date: _____ Check #: _____